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PTO/SB/21 (09-04)
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	Application Number	10/533,657									
TRANSMITTAL	Filing Date	04/06/2	04/06/2006								
FORM	First Named Inventor	Shoich	Shoichi MIYAWAKI								
	[Art Unit	1731								
(to be used for all correspondence after initial	Examiner Name	D. Core	D. Cordray								
Total Number of Pages in This Submission	g/	Attorney Docket Number	48914	48914							
Total Number of Pages in Title Guurinssion											
ENCLOSURES (Check all that apply)											
Fee Transmittal Form	│└	Prawing(s)			After Allowance Communication to TC						
Fee Attached		icensing-related Papers			Appeal Communication to Board of Appeals and Interferences						
✓ Amendment/Reply		etition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
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After Final	After Final Provisional Applicati				Proprietary Information						
Affidavits/declaration(s)	ᄖ	hange of Correspondence	Address		Status Letter Other Enclosure(s) (please Identify						
Extension of Time Request	╎╎	erminal Disclaimer			below):						
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Reply to Missing Parts/	The Com	missioner is hereby author	nissioner is hereby authorized to charge payment of the following fees associated with unication or credit any overpayment to Deposit Account No. 18-2220. A duplicate								
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Reply to Missing Parts under 37 CFR 1.52 or 1.53		additional excess claim fees under 37 C.F.R. § 1.16. additional patent application processing fees under 37 C.F.R. § 1.17.									
SIGNA	TURE O	F APPLICANT, ATT	ORNEY,	OR AGE	NT						
Firm Name Roylance, Abrams, Bei	rdo & Goo	odman, L.L.P. (Custome	er No. 001	609)							
Signature Man 111 Manus											
Printed name David S. Abrams	•••										
Date 10/02/2007			Reg. No.	22,576							
CERTIFICATE OF TRANSMISSION/MAILING											
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FEE TRANSMITTAL			Filing Date			0/533,657		
For FY 2008					04/06/2006			
го		First Named Inventor		Shoichi MIYAWAKI				
Applicant claims small	Examiner Name		D. Cordray					
TOTAL AMOUNT OF PAY	Art Unit		1731					
	(+)		Attorney Docke	∍t No.	48914			
METHOD OF PAYMEN	(check all	that apply)						
Check Credit	Card 🔲	Money Order No	one Other (please id	lentify):			
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FEE CALCULATION								
1. BASIC FILING, SEAF	RCH, AND	EXAMINATION FEES						
,	FILING	FEES SEA	RCH FEES	EXA	MINATION	FEES		
Application Type	Fee (\$)	<u>Small Entity</u> Fee (\$) Fee (Small Entity	Fer	Small E		Fees Paid (\$)	
Utility	310	155 510		21			rees raid (4)	
Design	210	105 100		13		-		
Plant	210	105 100		1	- 00			
Reissue	310		155	16				
		155 510		62	_			
Provisional	210	105 0	0		0 0			
2. EXCESS CLAIM FEE Fee Description	:5				<u>Fe</u>		all Entity Fee (\$)	
Each claim over 20 (i						50	25	
Each independent cla		(including Reissues)			2	210	105	
Multiple dependent c					3	370	185	
Total Claims	Extra Clair		ee Paid (\$)				dent Claims	
- 20 or HP = HP = highest number of total	-laima paid 6	x =			<u>Fe</u>	ee (\$)	Fee Paid (\$)	
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If the specification and		exceed 100 sheets of n	aner (excluding	electro	nically filed	d seamence	or computer	
listings under 37 Cl	FR 1.52(e)), the application size f	fee due is \$260 (\$130 fc	or small ent	itv) for eac	h additional 50	
sheets or fraction th	nereof. See	35 U.S.C. 41(a)(1)(G)) and 37 CFR 1.1	16(s).		10, 10, 00	ii additional 55	
<u>Total Sheets</u> - 100 =	Extra Shee	<u>ets</u> <u>Numbér of ea</u> / 50 =	ach additional 50 o	or fracti	ion thereof	Fee (\$)	Fee Paid (\$)	
4. OTHER FEE(S)		/ 50 =	(100110 up to a	WHOIE II	umber) x		- =	
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Other (e.g., late filing	g surcharge	e): Extension of Time (3-m	nonth)				1,050.00	
SUBMITTED BY		01						
Signature	<i>T/_</i>	Mouns	Registration No.	22 576		Telephone (2	(02) 659-9076	

(Attorney/Agent) Name (Print/Type) David S. Abrams Date 10/02/2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.